



A webinar hosted by Archstone Foundation, with speakers:

One Big Bill, Not So Beautiful: The Real Implications of H.R. 1 for Older Adults

Join us for this webinar to learn about the details of H.R. 1's many changes to health care and other programs serving older adults.

September 25
11am — 12pm PT

Highlights:

- Timelines
- What to watch for from federal and state governments in the coming months
- Opportunities for advocacy on these important issues



Catherine Senderling-McDonald
CEO, Catbird Strategies LLC



Yasmin Peled
Director, CA Government Affairs,
Justice in Aging



ARCHSTONE
FOUNDATION

MISSION

To improve the health and well-being of older Californians and their caregivers.



VISION

All older Californians have access to high-quality equitable, coordinated care that effectively integrates health and social services.



One Big Bill, Not So Beautiful: Implications of H.R. 1 for Older Adults

Presentation for Archstone Foundation

September 25, 2025

Presented by Cathy Senderling-McDonald & Yasmin Peled



Cathy Senderling-McDonald, CEO



- 28 years experience in health & human services policy and practice
- 23 years with County Welfare Directors Association of CA (CWDA)
- Staffed Senate Budget Committee and the Legislative Analyst's Office
- Budget, Legislative Processes and Administrative Advocacy

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Yasmin Peled, Director of California Government Affairs



Yasmin joined Justice in Aging in 2022 to lead their California advocacy in Sacramento. She works to advance Justice in Aging’s legislative and budget priorities in California related to health care, housing, economic security, and elder justice. Yasmin also coordinates Justice in Aging’s engagement in California’s Master Plan for Aging.

Prior to joining Justice in Aging, Yasmin was Senior Policy and Legislative Advocate at Health Access California with a focus on issues related to health care industry regulation and cost containment. Yasmin got her start in advocacy coordinating a mobile health care clinic for people experiencing homelessness in Santa Cruz County.

Yasmin holds a Master’s Degree in Health Policy and Law from UC Law SF/UCSF and a BS from UC Santa Cruz in Molecular, Cellular, and Developmental Biology.

JUSTICE IN AGING

FIGHTING SENIOR POVERTY THROUGH LAW

Justice in Aging is a national organization that uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources.

Since 1972 we've focused our efforts primarily on fighting for older adults who have been marginalized and excluded from justice, such as women, people of color, LGBTQ+ individuals, and people with limited English proficiency.

Presentation Overview

- Importance of Medi-Cal, Covered California, and CalFresh for Older Adults in California
- Overview of H.R. 1 Passage and Contents
 - Side Note: Related Expiration of Covered CA Subsidies
- Specific Implications for:
 - Medi-Cal
 - Covered California Health Coverage
 - CalFresh

Medi-Cal In California

- More than 2.4 million older adults and people with disabilities rely on Medi-Cal
- California receives \$112 billion in federal Medicaid funding
- Millions more older adults and people with disabilities and chronic conditions are insured through Medicaid expansion
 - 5+ million adults enrolled in ACA expansion
 - 5.5% of CA expansion adults use long-term services and supports
- Medicaid is very broad and covers more than traditional medical services – of particular note for older adults and people with disabilities:
 - Home- and Community-Based Services (HCBS) & nursing facilities
 - Non-Emergency Medical Transport (NEMT)
 - Financial assistance for Medicare beneficiaries dually enrolled in Medicaid

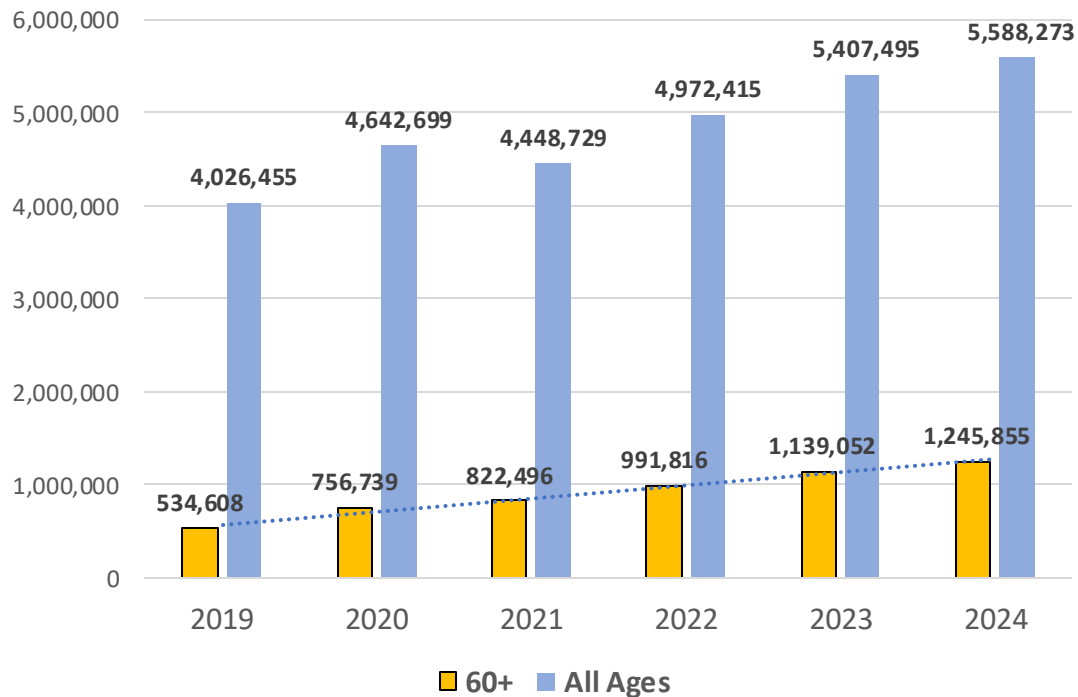
Older Adults in Covered California

- Covered California is the coverage program for higher-income children and adults not eligible for Medi-Cal.
 - Most enrollees are eligible for subsidies on a sliding scale
- Historically, about 30 percent of Covered California enrollees have been aged 55 and older
- At the end of 2025's Open Enrollment period:
 - 548,814 enrollees were 55-64
 - 20,875 enrollees were 65 and older

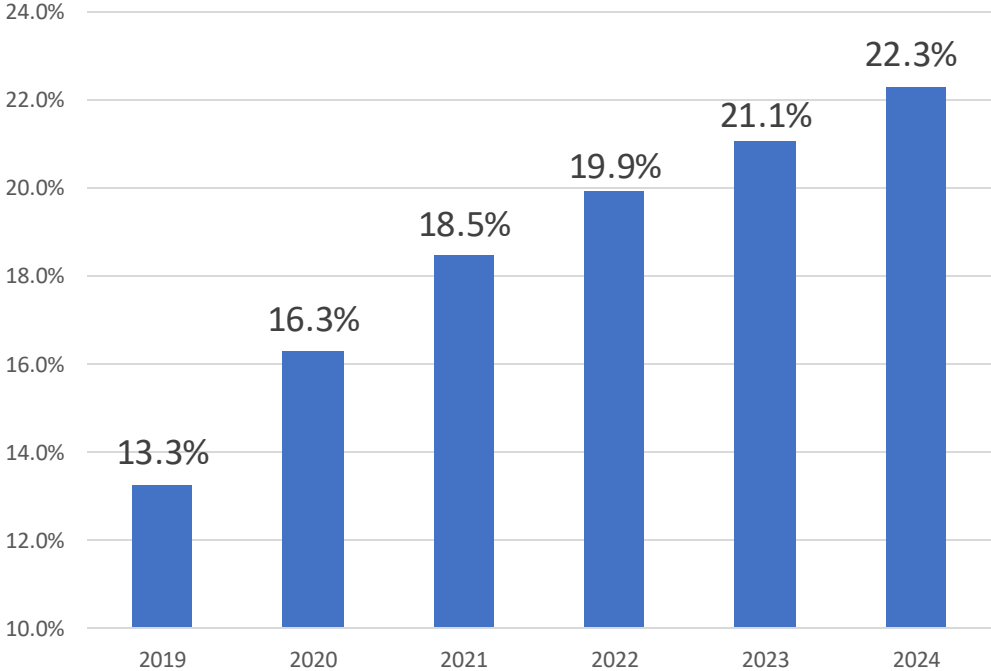
CalFresh and Older Adults

- CalFresh, known as SNAP at the federal level, is one of the most effective tools to combat poverty and food insecurity
 - CalFresh served more than 5.5 million low-income individuals each month, in nearly 3.3 million households, as of May 2025
 - Total benefits in 2025-26 are projected at \$13.3 billion – all federally funded
- Prior to June 2019, many older adults and persons with disabilities did not participate in CalFresh due to California blocking receipt of benefits by individuals receiving SSI/SSP.
 - Participation has increased substantially since this policy ended
 - Individuals 60+ grew from 534,608 in 2019 to 1,245,855 in 2024
- Households with older adults average \$166/month in nutrition benefits.

Growth in CalFresh Coverage, Total and 60+ Group, 2019-2024



Growth in 60+ CalFresh Participation as a Percent to Total, 2019-2024



Source: CDSS CalFresh Data Dashboard, <https://public.tableau.com/app/profile/california.department.of.social.services/viz/CFdashboard-PUBLIC/Demographics>



H.R. 1 Overview

H.R. 1 Topline Impacts (Health)

- The Budget Reconciliation Act of 2025 (H.R. 1/Public Law No. 119-21) passed Congress on July 3 and was signed into law on July 4
- Largest cut to Medicaid in history – \$990 billion (CBO estimate)
 - Medicare and ACA cuts push total well over \$1 trillion
- Estimated that 4 million people in CA will become uninsured as a result
 - 3.4 million likely to have Medi-Cal coverage terminated
 - 660,000 could become uninsured due to changes to the ACA.

See ["Navigating Federal Cuts to Health and Human Services in California: A Presentation with CalHHS"](#)

H.R. 1 Topline Impacts (Health)

- Cuts federal Medicaid funding and shifts costs to California, forcing the state to cut services, eligibility, or provider reimbursement
- Increases barriers to accessing Medi-Cal coverage
- Terminates eligibility for Medi-Cal, Medicare, and Marketplace tax credits for many immigrants

Side Note: ACA Marketplace (Covered CA) Subsidy Expiration

- Two federal bills enabled higher subsidies for coverage in the ACA Marketplace.
 - March 2021 – American Rescue Plan Act (created)
 - August 2022 – Inflation Reduction Act (extended)
- Combination of higher eligibility cutoff (400% FPL) and increased subsidy amounts
 - Enhancements make coverage much more affordable
 - Reduced out of pocket cost has driven large enrollment increases across the country, including California
- If Congress does not act, these enhancements will expire at the end of December 2025.

H.R. 1 Topline Impacts (Nutrition)

- Significant lost funding and increased state cost sharing – estimated at \$1.7B to \$3.7B annually – will force cuts in other areas of the state budget
- Harsher work requirements place an estimated 303,000 Able Bodied Adults Without Dependents at risk of losing benefits
- An estimated 74,000 non-citizens will lose eligibility
- Standard Utility Allowance changes will impact more than 450,000 individuals through a combination of lost eligibility and lower benefits



Medicaid Changes Impacting Older Adults

Cuts to Federal Medicaid Funding

- Sec. 71115 and Sect 71166: Restricts California's ability to fund its share of Medi-Cal costs by *freezing* and *reducing* provider and insurer taxes
 - Impact: When California spends less state dollars because of these caps, it means California will receive less federal funding because the federal match (FMAP) works as a reimbursement
- Sec. 71110 Reduces federal match for emergency Medi-Cal services provided to adults who are ineligible due to immigration status
 - Impact: Lost federal funds for California means higher General Fund cost, likely to impact other budget areas

How Medicaid Funding Cuts Could Impact Older Adults

Shifting costs to CA forces state to cut Medi-Cal spending - three main ways to do that:

- Cut optional benefits or eligibility categories
 - Home-and Community-Based Services (HCBS)
 - Dental, vision, hearing
 - Coverage of immigrants
- Cut enrollment
 - Roll back eligibility expansions for Aged & Disabled and Medicare Savings Programs
- Cut provider payment rates
 - Worsens direct care workforce shortage
 - Longer waits or travel for primary care and specialists

Work Requirements

- Sec. 71119 mandates every state implement work requirements for adults ages 19 to 64 (ACA expansion population) – Jan. 1, 2027
 - 80 hours of qualifying activities per month, or income more than \$560/month
- Limited exemptions
 - States are not allowed to create other exemptions
- Requires proof of compliance for *at least* one month prior to enrolling and prior to eligibility redeterminations every 6 months
- Individuals not in compliance with work requirements cannot receive Covered California marketplace subsidies

Harms of Work Requirements

- 3 million people in CA estimated to become uninsured
 - Older adults ages 50 to 64 and people with disabilities who are not enrolled in Medicare or Medicaid under strict disability rules
 - Paid and unpaid caregivers who rely on Medi-Cal for their own insurance
- Exemptions are narrow and burdensome
 - Parent, guardian, caretaker relative, or family caregiver exemption based on definition in RAISE Family Caregivers Act
 - Disability-based exemptions not well defined – "medically frail"
- Massive administrative burden will impact all Medi-Cal enrollees, including older adults

Other Medi-Cal Restrictions

- Sec. 71112 cuts retroactive eligibility from 3 months to 1 month for expansion population and 2 months for all other enrollees (Jan. 1, 2027)
 - Especially harmful for older adults and people with disabilities who have to gather financial records to prove eligibility
 - Could impact access to nursing facility care
- Sec. 71108 freezes the maximum allowable home equity limit at \$1 million (Jan. 1, 2028)
 - Applies to individuals needing institutional level of care for long-term care (HCBS and facility)
 - No adjustments for inflation
 - Allows exemption for agricultural land
 - Would make it harder for people needing long-term care to keep their home
 - Especially harmful in high-cost states like California

Other Eligibility Restrictions

Continued

- Sec. 71107 requires more frequent eligibility renewals for Medi-Cal expansion population – every 6 months instead of 12 months
 - Older adults age 50-64 impacted
 - Older adults and people with disabilities on non-expansion programs remain at 12-month renewal frequency
- Sec. 71120 imposes cost-sharing for Medi-Cal expansion population for some services
 - States choose amount – can be as high as \$35
 - Overall cost sharing cap of 5% of yearly income
 - Exempt services include primary care, emergency, behavioral health and others
 - Older adults age 50-64 impacted

Stops Regulations

- Sec. 71101 stops implementation of some provisions of the Streamlining Medicaid Eligibility and Enrollment rules
 - Nationally, more than 1.3 million dually eligible people are expected to lose Medicare cost-sharing assistance through Medicare Savings Programs (MSP)
 - CA: Remains optional for state to align household size definition between Low-Income Subsidy and MSPs, previously required by April 2026
 - Auto-enrollment of SSI-linked into Qualified Medicare Beneficiary and Part A Buy In will **not** be rolled back
- Sec. 71111 blocks implementation of the Nursing Home Minimum Staffing rule
 - The rule estimated to save 13,000 lives per year

Key Provisions of H.R. 1 – ACA Marketplace

- Extension of Enhanced Premium Tax Credit was **not** included in H.R. 1 – if action is not taken, these will expire at the end of this year and Marketplace enrollees will have large premium increases in 2026
 - Low income older adults 50-64 who rely on marketplace coverage could see large rate increases
- Creates pre-enrollment verification for the advanced premium tax credits, adding administrative burden for marketplace enrollees
- Restricts premium tax credits to certain lawfully present immigrants
 - Some older immigrants 50-64 currently getting premium tax credits will no longer qualify
- Limits eligibility for subsidized marketplace coverage if person is denied Medicaid due to work requirements
 - Could impact caregivers and older adults 50-64 who don't meet work requirements criteria

Cuts to Medicare

- A cut to Medicaid is a cut to Medicare
 - Makes Medicare unaffordable for people dually eligible for Medicaid & Medicare
 - Cuts access to long-term care
- Sec. 71201 ends Medicare eligibility for lawfully present immigrants who are not Legal Permanent Residents, Cubans/Haitians family reunification program entrants, and People residing under the Compacts of Free Association
 - Prohibits new Medicare enrollment for other lawfully present immigrants previously eligible, effective immediately
 - Medicare for current enrollees will be terminated Jan. 2027
- Puts Medicare's future at risk by triggering \$500 billion in cuts over a decade
 - Sequestration could begin in 2026 unless Congress acts

Impact of Cutting Medicare Eligibility for Immigrants

- Takes Medicare away from older adults and people with disabilities who have worked in the U.S. and paid into the system for decades
- Many older immigrants will become uninsured because the law excludes same categories of lawfully present immigrants from Medi-Cal and Covered CA premium tax credits
- Harms U.S. citizens
 - Many people who will have health care taken away work as caregivers for U.S. citizen older adults and provide care for their own family, including U.S. citizen children

Medicaid Immigration Changes

- Sec. 71109 limits Medicaid eligibility to Legal Permanent Residents, Cubans/Haitians family reunification program entrants, and People residing under the Compacts of Free Association (Oct. 2026)
 - All other lawfully present immigrants previously eligible will be disenrolled (refugees, asylees, trafficking and domestic violence victims, and more)
- Low-income older immigrants will have few options for affordable health insurance – same immigrants barred from Medicare, Covered CA subsidies
 - CA: DHCS planning to cover newly ineligible immigrants under state funded Medi-Cal*
 - County funded medical services programs

Health: Implementation Timelines

| Policy | Effective Date |
|---|---|
| Restrict Medicare for Certain Immigrant Groups | Upon Enactment* (Jan 2027 for those currently enrolled) |
| Pause Nursing Facility Staffing Rule | Upon Enactment* |
| Pause Medicaid Streamlining and Enrollment Rule | Upon Enactment* |
| ACA Marketplace Subsidy Increases Expire | Jan 1, 2026 |
| Work Requirements and Six-Month Eligibility Checks | Dec 31, 2026 |
| Restrict Medicaid for Certain Immigrant Groups | Oct 1, 2026 |
| ACA Marketplace Subsidy Restrictions for Certain Immigrants | Jan 1, 2027 |
| Limit on Retroactive Coverage | Jan 1, 2027 |
| Limit Provider Taxes | Upon Enactment; cuts phase in 2028 to 2032 |
| Cost Sharing | Oct 1, 2028 |
| Medicaid LTSS home equity limit reduced and frozen at \$1 million | Jan 1, 2028 |

*Actual implementation date is pending federal guidance



CalFresh Changes Impacting Older Adults

CalFresh/SNAP Cuts in H.R. 1

- Work Requirements for Able-Bodied Adults Without Dependents Significantly Expanded
 - Previously applied to people between 18-54, who could work, and who did not have children under age 18 in their CalFresh household
 - H.R. 1 expands the number of individuals impacted by the rule:
 - Expanded the age range to **include ages 55-64**
 - Lowered the age of the dependent child for exemption to 14
 - Immediately eliminated previous exemptions for people experiencing homelessness, adults under 24 who were in foster care on their 18th birthday, and veterans
 - Added exemptions for Native Americans and those eligible for Indian Health Services
 - Removed the allowance for waivers based on lack of sufficient jobs, though the exemption for areas with unemployment greater than 10% remains
- Effective upon enactment, though implementation date is pending federal guidance

CalFresh/SNAP Cuts in H.R. 1

- Noncitizen eligibility for CalFresh curtailed
 - SNAP benefits were previously available to certain lawfully present noncitizens, such as asylees, refugees, parolees, battered noncitizens, trafficking victims, and others
 - H.R. 1 limits noncitizen eligibility to:
 - Lawfully permanent residents (LPR)
 - Cuban or Haitian Entrants
 - Individuals who reside in the U.S. in accordance with a Compact of Free Association (COFA) agreement
- Standard Utility Allowance (SUA) Restrictions
 - Only households that have an elderly or disabled member will be able to claim the SUA based on receipt of Low Income Home Energy Assistance Program (LIHEAP) payments
 - Internet costs are expressly excluded from the SUA calculation

CalFresh/SNAP Cost Increases

- States (and Counties in CA) will be required to assume more of the administrative cost burden.
 - Administrative Share – Federal pays 50% of costs today; will drop to 25% as of Oct 1, 2026
 - In CA, state and counties share the non-federal costs (35%/15%) so both will see increased costs in the hundreds of millions of dollars. Total increase estimated at \$685M based on current data
 - Coming at same time administration costs will increase due to the expanded work requirements and other changes
- States will pay a share of benefit costs for the first time.
 - State Share – Sliding scale tied to error rates, begins Oct 1, 2027
 - California's most recent error rate would put it in top percentage, requiring a 15% share of cost
 - Estimated to cost ~\$2B annually – potentially driving other cuts

CalFresh: Implementation Timelines

| Policy | Effective Date |
|---|-----------------|
| Modification of ABAWDS Work Requirements | Upon Enactment* |
| Reduce Non-Citizen Eligibility | Upon Enactment* |
| Limitation of Standard Utility Allowances | Upon Enactment* |
| Restrictions on Internet Expense Deduction | Upon Enactment* |
| Benefits Capped for Households with 9+ Members | Oct 1, 2025 |
| SNAP Education Program Repealed | Oct 1, 2025 |
| Administrative Cost Sharing Reduced from 50% to 25% Federal Match | Oct 1, 2026 |
| Benefit Cost Sharing Goes Into Effect, Based on Error Rates | Oct 1, 2027 |
| Thrifty Food Plan Re-Evaluation | Oct 1, 2027 |

*Actual implementation date is pending federal guidance

In Summary ...

- The H.R. 1 cuts to health and nutrition programs will impact older adults in a number of (potentially overlapping) ways
- Full impacts in California depend on decisions made in the coming years through budget and legislative processes
- Many will lose eligibility – either outright, due to various restrictions, or as a result of new requirements such as more frequent eligibility determinations and work requirements
- Effects on a given individual or family will be magnified as impacts occur across multiple programs
- Hard choices coming about how much to backfill funding cuts and eligibility reductions, and where those funds would come from
- **Important:** Most changes that took effect “upon enactment” have yet to be implemented due to lack of federal guidance

What We Can All Do

- Get/stay engaged with DHCS and CDSS as the state works on its implementation plans.
 - Stay informed about how these measures are put into place.
 - It's important that older adult advocates are vocal!
- Provide public education on HR 1.
- Collect stories from & about older adults to monitor impacts as roll out happens.
- Keep an eye on the Federal Register and USDA/FNS (for SNAP) and HHS/CMS (for health programs) websites. Subscribe to HHS updates.

What We Can All Do

- Check out [Resources to Address Threats to Policies Serving Older Adults](#) on Archstone Foundation's website: Archstone.org
- Join us for the CalAIM Statewide Older Adult Collaborative Meeting
October 8, 12:00 PM. (Register at Archstone.org)
- Participate in *Health Matters: A Conversation with California's Next Governor*
November 7, 2025 | 1:30pm PT
healthmattersforum.org

Details coming soon!

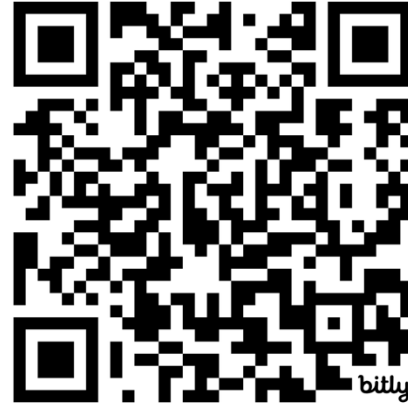
What We Can All Do

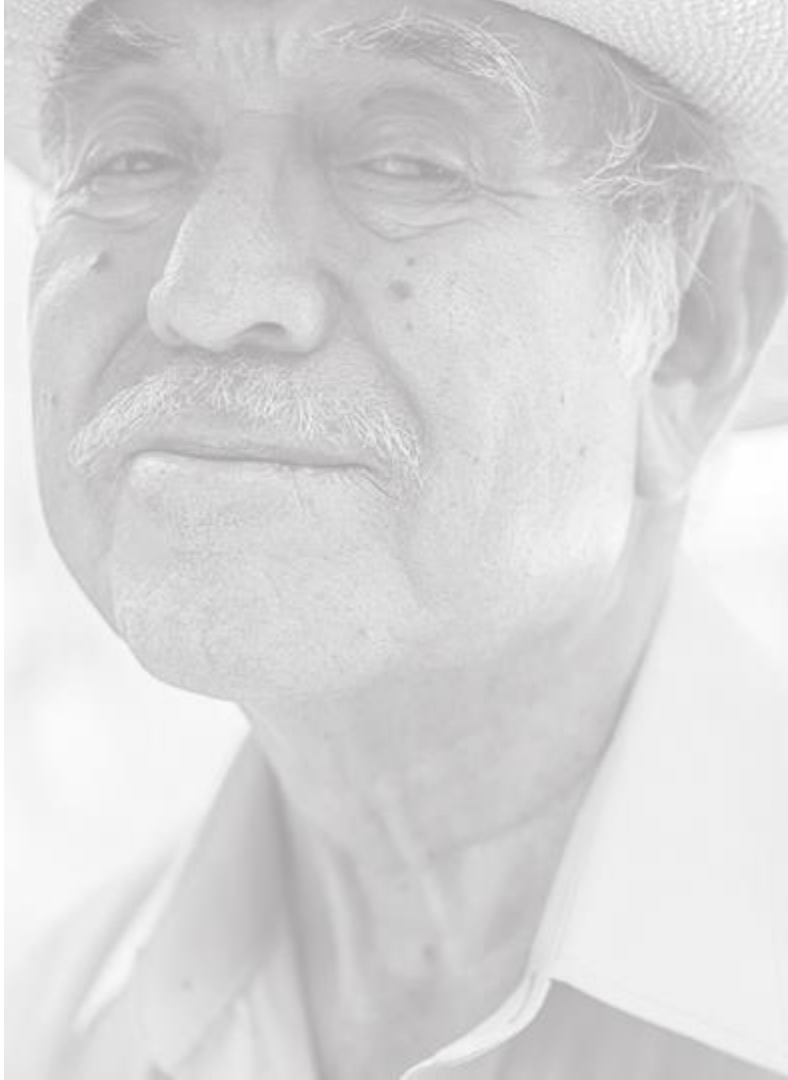
Subscribe to our mailing lists!

Justice in Aging



CalAIM Statewide Older Adult Collaborative





Questions?

Yasmin Peled

ypeled@justiceinaging.org

Cathy Senderling-McDonald

csm@catbirdstrategies.com